CERTIFICATE OF LIABILITY INSURANCE						DATE(MM/DD/YYYY) 10/04/2021	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A	MATTER	R OF INFORMATION ONL OR NEGATIVELY AMEND E DOES NOT CONSTITU	Y AND CONFERS NO. EXTEND OR ALTE	O RIGHTS U	JPON THE CERTIFICA	BY THE POLICIES	
MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to certificate does not confer rights to th	the ter	rms and conditions of the	e policy, certain polic h endorsement(s).				
ODUCER			CONTACT NAME: PHONE (A/C. No. Ext): (866) 2		김 야기는 것 같아. 영제 영제		
n Risk Services South, Inc.			PHONE (A/C No Ext): (866) 2	283-7122	FAX (A/C. No.): (800)) 363-0105	
lanta GA Office 50 Lenox Road NE			E-MAIL ADDRESS:		[(200. 100.).		
ite 1700 lanta GA 30326 USA			ADDRESS:				
anca da 50520 USA	INS	NAIC #					
URED			INSURER A: AIG S	26883			
obal Tel*Link Corporation EL Holdings, Inc. 7 St Francis St 32nd Floor bbile AL 36602 USA			INSURER B: Lexin	19437			
			INSURER C: Natio	sburgh 19445			
			INSURER D: New H	23841			
			INSURER E: AIG F	19402			
				14478			
VERAGES CER	E NUMBER: 570089727				1		
HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCI	QUIREM PERTAIN H POLICI	ENT, TERM OR CONDITION , THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HA	N OF ANY CONTRACT DED BY THE POLICIES WE BEEN REDUCED B	OR OTHER I S DESCRIBE Y PAID CLAIN	DOCUMENT WITH RESP	ECT TO WHICH THIS	
TYPE OF INSURANCE	ADDL SU INSD W		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM		
X COMMERCIAL GENERAL LIABILITY		080877955	10/01/2021	10/01/2022	Enon ooodin Enor	\$1,000,000	
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
				84	MED EXP (Any one person)	Excluded	
					PERSONAL & ADV INJURY	\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000	
POLICY X PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
OTHER:							
AUTOMOBILE LIABILITY		016-15-6125	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT	\$1,000,000	
					(Ea accident)		
X ANYAUTO					BODILY INJURY (Per person)		
OWNED AUTOS ONLY					BODILY INJURY (Per accident) PROPERTY DAMAGE	1	
HIRED AUTOS NON-OWNED AUTOS ONLY					(Per accident)		
UMBRELLA LIAB X OCCUR		2000000203	10/01/2021	10/01/2022	EACH OCCURRENCE	\$2,000,000	
X EXCESS LIAB CLAIMS-MADE				1.12.12.13	AGGREGATE	\$2,000,000	
DED RETENTION	1						
WORKERS COMPENSATION AND	+	016156126	10/01/2021	10/01/2022	X PER STATUTE OTH	-1-	
ANY PROPRIETOR / PARTNER / EXECUTIVE	1 1	(AOS)	10 (01 (2021	10 /01 /2022	E.L. EACH ACCIDENT	\$1,000,000	
OFFICER/MEMBER EXCLUDED?	N/A	016156124 (CA)	10/01/2021	10/01/2022	E.L. DISEASE-EA EMPLOYEE		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,000	
E&O-Technology		015925770	09/01/2021	10/01/2022		\$1,000,000	
그는 말을 들어 다 다 다 다 나는 것이 다.		Claims Made			Retention	\$1,000,000	
		SIR applies per po		1	-A)		
SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC shomish County, its officers, el policy provisions of the Gener						n accordance with provision applies.	
RTIFICATE HOLDER	C/	CANCELLATION					
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Snohomish County WA Pat Scattaregla 3000 Rockefeller Avenue, M, Everett WA 98201-4046 USA		And employees are included as Additional Insured in accordance with le Liability policies. Severability of Interests provision applies. CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE					

ACORD 25 (2016/03)

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This endorsement, effective 12:01 AM 10/01/2020

Forms a part of policy no.: 080877955

Issued to: GTEL HOLDINGS INC

By: LEXINGTON INSURANCE COMPANY

PRIMARY AND NON CONTRIBUTORY ENDORSEMENT

This endorsement modifies insurance provided by the policy:

SCHEDULE

Name of Person or Organization

SNOHOMISH COUNTY WA PAT SCATTAREGLA 3000 ROCKEFELLER AVENUE, M/S/ 709 EVERETT, WA 98201-4046 USA

Notwithstanding any other provision of the policy to the contrary, the insurance afforded by this policy for the benefit of the Additional Insured shown in the Schedule above shall be primary insurance, but only with respect to any claim, loss or liability arising out of the Named Insured's operations; and any insurance maintained by the Additional Insured shall be non-contributing.

All other terms and conditions of the policy remain the same.

Authorized Representative

LX4278 (02/14)

This endorsement, effective 12:01 AM 10/01/2020

Forms a part of policy no.: 080877955

Issued to: GTEL HOLDINGS INC

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided by the Policy:

SCHEDULE

SNOHOMISH COUNTY WA PAT SCATTAREGLA 3000 ROCKEFELLER AVENUE, M/S/ 709 EVERETT, WA 98201-4046 USA

The entity(ies) shown in the above Schedule are added as Additional Insured(s) to this Policy, but only for **claims** arising out of the acts, errors or omissions committed by the Named Insured on or after the Retroactive Date corresponding to the additional insured shown in the above Schedule.

Any **claim** made by any additional insured against any other **insured** or additional insured is excluded from coverage.

All other terms and conditions of the Policy remain the same.